Chronic Pain Management – Establishing a Community Service

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Content

- Why community pain management
- Who wants to do it?
- How we are going to do it
- Progress to date
- The future
Our Health, Our Care, Our Say

“Once Patient choice and Practice Based Commissioning are in place then health services will develop that are safe, high quality, and closer to home in the community”

Department of Health January 2006
Aims and Objectives

- Reduction in GP and “cross Consultant” referrals to specialist pain service
- Reduced waiting times
- Increased levels of patient assessment and management in Primary Care
- Streamlining the referral/treatment process
Aims and Objectives

- Greater integration of services and communication across primary and secondary care
- Enhanced knowledge and understanding of pain management within primary care to ensure appropriate management of cases and referral to specialist services
Aims and Objectives

- Re-designing roles of therapists, nurses and GP specialists to make better use of skills available
- Promotion of self management
Shared Care

- Patient
- Primary care
- Secondary care
The Sandwell Project

- Chronic pain patients seek GP help 5 times more frequently than others
- Many patients were dissatisfied with primary care services
- Many stated that pain was inadequately controlled

_Napp 2004_
Starting point

- Meeting with PCT Leads
  - Sandwell
  - HOB
  - South Birmingham
  - Trust Management
- Deciding who will be on the working group
- Where next?
Sandwell Pain Management Group

- GP chair
- Representatives from:
  - SWBH Pain Management
  - Sandwell Community Pain Team
  - Tipton & Rowley Regis Community Pain Service
  - Sandwell PCT commissioner (Project Lead)
  - Psychology Services
  - Interested GPs
Group Objectives

- Care closer to home
- Direct access to pain management when needed
- Shared Care schemes
- Working in partnership
- Establishing a Patient Centred Pathway
- Joined up working
3 Levels of Pain Management

- Level 1
  - First visit to GP

- Level 2
  - GPwSPi/?specialist nurse
  - Multidisciplinary
  - Community Based

- Level 3
  - Specialist interventions/MDT including Medical Consultant
  - Secondary Care
Progress to Date (Last Year)

- Pathway written and agreed
- Joint participation in GP protected learning time – 2 sessions, over 200 delegates
- Physiotherapy – working together with community and advanced PMP
- Triage clinic (The Lyng) shared working, medication reviews from January 2009
- Level 2 HOB project – started September 2010
- Enhanced communication between Primary and Secondary Care
Future Plans (Last Year)

- Establishment of more Level 2 and Level 3 clinics in Primary Care
- Reduction in waiting time for Level 3
- All simple trigger point/joint injections carried out in Primary Care
- Development of specialist services in Secondary Care
- Teaching sessions involving Primary and Secondary Care
Progress

- Pain Medication Review Clinic
- Referrals to Community Pain Management Programme
  - From Level 2
  - From Level 3
- Reduced referrals to Level 3
- Greater communication between Primary and Secondary Care
- Teaching sessions to GPs on TPIs
Pain Medication Review Clinic

- Part of the Triage musculo-skeletal service by Sandwell Community Orthopeadic Service (COS)
- Patients seen by Extended Scope Physiotherapy Practitioner first
- Medication advice
- Medication changes
- TENS
- Onward referral to Primary or Secondary Care
Medication Review Nurse Consultant

- **Advice only**
  - Understanding how to take the drug
  - Information about how drugs work
  - Information on drug interactions
  - How to optimise the effect of drugs
  - Side effects

- **Change of Medication**
  - Current medication ineffective
  - Intolerable side effects
TENS

- Suitable patients supplied with TENS
  - Simple
  - Dual channel

- Full instructions and demonstration given by trained staff

- No charge for machine only for extra electrodes
Referral to Community Pain Management Programmes

- Quick Access
- Sandwell operate in 3 areas so patient chooses which is most convenient
- Non English Speaking Programme
- Some programmes held in gyms/leisure centres so patients can continue exercise following the programme
- SWBH pain clinic can also refer to these programmes
Aims of Community PMG

- Aims to restore to as normal as possible the lives of those people affected by chronic pain
  - Rehabilitation based on long-term self management (Eccleston 2001)
  - Big focus on acceptance (Mc Cracken 2003, 2004, Vowles 2006)
  - Bringing specialist care closer to home
Patient referral and selection

- Offered alongside treatments intended to reduce or abolish pain (Keefe et al 2004)
- Optimal timing of PMP will vary from patient to patient
- Participants have musculoskeletal pain
- Can be referred from Consultants/GP’s/AHP’s/self-referrals...
Patient referral and selection

Assessment

- Dependant on where the referral originated from
- Screening to exclude treatable disease
- Discussion of treatment options

- Introducing the concept of the programme
- Should include written information for the patient
Inclusion Criteria

- Presence of persistent pain causing disability and/or distress
- No communication problems
- The patient is keen to participate in the group
Exclusion Criteria

- Limited life expectancy
- Red flags
- Psychosis
- Drug or alcohol problems
- Psychological or psychiatric problems which require urgent attention
- Inability to cope with the demands of the programme
There is no evidence to exclude:

- The older patient
- Those with poor written and spoken English
- Ongoing litigation or those receiving welfare benefits
- The patient who is judged by the clinician to be poorly motivated
Desirable outcomes

- Reduce distress / emotional impact
- Normalise beliefs and information processing
- Increase in range and level of activity / physical performance
- Reduce the pain experience
- Reduce Healthcare use
- Improve work status where relevant
Referral to Secondary Care

- Very Low!
- If procedure needed e.g. epidural
- Trigger point injections?
- Advanced psychological problems
- Chronic Regional Pain Syndrome (CRPS) formerly known as Reflex Sympathetic Dystrophy (RSD)
Data So Far

- Started slowly 2-9 patients every 2 weeks
- From July increased to weekly due to demand
- Waiting list about 6 weeks
- Number of patients increased to 10 per session
Data

- On average 7 patients per session
- Medication change 53%
- TENS 45%
- Further Review 31% (1 only)
- Discharge at first visit 46%
- DNA rate 13%
- Referral to Community PMP 8%
- Referral to Secondary Care 2%
Access to Service

- Part of COS Triage Service
- Musculo-skeletal pathway
- Pain Medication Review Clinic cannot take direct referrals from GPs
  - Physical examinations
  - Investigations
  - Joint injections
- GPs refer to COS not Pain Clinic
Next Steps

- Level 3 clinic started at the Lyng starting in March – care closer to home for Sandwell patients
- Further teaching of GPs to do Trigger Point injections – SWBH to run “module” style teaching
- Increase in Level 2 clinic activity due to demand – April 2010 2 sessions per week
Joined Up Working

- A different way of working
- Seeing the patient closer to home
- Working in a variety of settings
- High Quality Services
- Promoting self management for patients
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Questions/Discussion